

CITY OF TEMPE

Temporary Employment Opportunity



Community Services • North Tempe Multi-Generational Center • 1555 N. Bridalwreath St. • (480) 858-6500 • TDD (480) 350-8400

Program Leader

(City of Tempe / Community Services – North Tempe Multi-Generational Center)

Opening Date: October 19, 2015

Closing Date: Open until the needs of the City are met.

Hourly Wage: \$8.50 per hour

Work Schedule: Various shifts. Monday through Friday from 11:00 a.m. - 9 p.m., Saturdays from 10:00 a.m. - 5 p.m. Schedule will vary from 10-20 hours per week.

This is a Temporary Non-Benefitted position.

Experience & Training:

- Customer Service Experience.
- Computer knowledge – Internet, Word.
- Able to follow established policies and procedures.
- Able to understand and carry out oral and written directions.
- Able to establish and maintain cooperative working relationships with public and staff.

Licenses/Certifications:

- First aid and CPR certification (desired, but not required).

Essential Job Functions:

- Provide customer service.
- Communicate clearly and concisely, both orally and in writing.
- Supervise youth and adults while in the Library Resource Center.
- Serve the public by providing information concerning Library Resource Center programs and policies.
- Open/Close Library Resource Center.
- Set up rooms: Lifting and moving chairs, tables and program equipment (up to 50 pounds).
- Assist with facility projects.
- Attend monthly staff meetings.

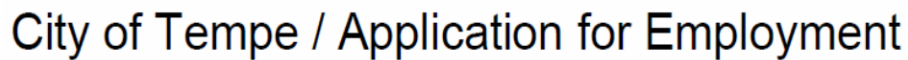
Applicant Requirement:

Requires successful completion of selection process, completion of background investigation and verification of identity/work authorization.

SUBMIT APPLICATION TO:
City of Tempe
North Tempe Multi-Generational Center
1555 North Bridalwreath Street
Tempe, Arizona 85281

For questions, please contact:
Rick Oliphant / Sr Social Services Coordinator
(480) 858-6513 and/or rick_oliphant@tempe.gov

An equal opportunity/reasonable accommodation employer



Program Areas (Check program areas of interest)

Specify Times	MON	TUES	WED	THURS	FRI	SAT	SUN
Mornings							
Afternoons							
Evenings							

13. Education: Circle highest grade completed

HIGH SCHOOL 9 10 11 12 COLLEGE 1 2 3 4 5 6 GED _____

14. Education from an **Accredited** College/University:

College:	Major:	Type of Degree:	Degree Completed:	Date Obtained:
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	

15. Trade and/or Technical Schools:

Trade/Technical School:	Subject Studied:	Type of Degree:	Degree Completed:	Date Obtained:
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	

16a. Certification or Registration (CPR, First Aid, Adv. Lifesaving, Lifeguard Training, W.S.I etc.)

Type of Professional Registration, License, and/or Certification:	License Number (if applicable):	Date Received:	Expiration Date (if applicable):

16b. Special training *that relates to this position*:

17. List computer software program(s) with which you are proficient in operating *that relate to this position*:

18. Language Proficiency (Other than English):

Language:	Speak:	Read:	Write:
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Begin with your present or most recent position. List all jobs, paid or volunteer, for at least the past ten years. Your qualifications will be evaluated **solely** on the application form and, if applicable, any supplemental questionnaire(s).

DO NOT WRITE "SEE RESUME" IN THE SPACES BELOW.

Place of Employment or Volunteer Experience:	Type of Business:
Address:	Phone:
Job Title:	Number of Employees Supervised:
Supervisor (Name/Title/Phone):	
Employment Dates: from / (Mo/Yr) to / (Mo/Yr)	Total Time Employed: Yrs Mos
Hours Per Week:	Present/Ending Wage: \$ Per
Work Performed:	

Reason for Leaving:

Place of Employment or Volunteer Experience:	Type of Business:
Address:	Phone:
Job Title:	Number of Employees Supervised:
Supervisor (Name/Title/Phone):	
Employment Dates: from / (Mo/Yr) to / (Mo/Yr)	Total Time Employed: Yrs Mos
Hours Per Week:	Ending Wage: \$ Per
Work Performed:	

Reason for Leaving:

Place of Employment or Volunteer Experience:	Type of Business:
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Employment Dates: from / (Mo/Yr) to / (Mo/Yr)	Total Time Employed: Yrs Mos
Hours Per Week:	Ending Wage: \$ Per
Work Performed:	

Reason for Leaving:

Place of Employment or Volunteer Experience:		Type of Business:	
Address:		Phone:	
Job Title:		Number of Employees Supervised:	
Supervisor (Name/Title/Phone):			
Employment Dates: from	/ (Mo/Yr)	to	/ (Mo/Yr)
Total Time Employed:		Yrs	Mos
Hours Per Week:		Ending Wage: \$	Per
Work Performed:			
Reason for Leaving:			

20. Have you ever been requested or forced to resign from a position for misconduct or unsatisfactory service?

☐ Yes ☐ No If Yes, please explain:

22. Have you ever been convicted of a **misdemeanor** or **felony** (other than minor/civil traffic offenses), placed on probation, fined or given a suspended sentence (include military trial convictions)?

Note: Reckless operation, hit-and-run, D.U.I., excessive speeding, and similar charges are NOT considered minor traffic offenses. Moreover, an excessive number of traffic violations (including minor/civil offenses) should be reported.

☐ Yes ☐ No If Yes, provide charges, dates and locations:

Convictions will not automatically bar an applicant from employment for City jobs. The relationship of the conviction to the job, as well as its severity, the passage of time, and subsequent job performance will all be considered.

PLEASE READ THIS STATEMENT AND CAREFULLY REVIEW YOUR ENTIRE APPLICATION MATERIAL BEFORE SIGNING BELOW.

I certify that all statements made on the application form and, if applicable, any supplemental questionnaire(s) are true and complete. I understand that any omission, misstatement, or falsification may be cause for rejection of this application, removal of my name from an eligibility list(s), and/or discharge from City Service. In addition, I authorize any individual, company, organization, or institution to release any and all information concerning statements made by me on this application, and I do hereby release all parties and individuals connected therewith from all liabilities for any damages whatsoever incurred in furnishing such information.

Print Applicant's Name

Applicant Signature

Date